

ENCLOSURE 1
MONTGOMERY CO.

Department of Fire Programs

JAN 02 2013

ATTACHMENT A



Commonwealth of Virginia Administration Burn Building Grant Application
Department of Fire Programs Construction, Renovation, or Repair

A. Applicant Information	
1. Title of Jurisdiction Making Application (Check <input checked="" type="checkbox"/> only one, then make entry)	<input checked="" type="checkbox"/> County of <u>Montgomery</u> <input type="checkbox"/> City of _____ <input type="checkbox"/> Incorporated Town of _____
2. Employer Identification Number (EIN)	<u>54-60001430</u>
3. Principal Point of Contact (Include salutation, name & title.)	<u>KEITH Bolte</u>
4. Mailing Address (Include zip code+4) Identify COUNTY if appropriate →	<u>407 Hubbard St.</u> <u>Blacksburg, VA 24060</u> <u>Montgomery</u>
5. Telephone Number	<u>(540) 961-1175</u>
6. FAX Number	<u>(540) 558-0791</u>
7. Internet e-mail address	<u>kbolte@blacksburg.gov</u>
8. Application Scope (Check <input checked="" type="checkbox"/> only one)	<input checked="" type="checkbox"/> Sole Jurisdiction as identified in [A] <input type="checkbox"/> Multiple Jurisdictions - Complete [F]

B. Facility Information (Burn Building)	
The term "burn building" refers to an unoccupied structure. The purpose of the Burn Building is to provide live fire training to fire service personnel in support of Fire Fighter I and Fire Fighter II Training throughout the Commonwealth of Virginia.	
1. Current / Proposed Owner of Facility	(Party holding / to hold title to the property) <u>Blacksburg UFA Training & Thomas LLC</u>
2. In-Service Date or Age of Structure	(Leave blank if NOT an existing structure as reported in [C1] below.) Date _____ <input type="checkbox"/> Unknown If unknown, enter approximate age in years _____
3. Address of Structure (If appropriate, identify COUNTY where located.)	<u>1636 Merrimac Road</u> <u>Blacksburg, VA 24060</u>
4. Will the renovation or repair bring the the burn building into compliance with the current standard of NFPA 1403, including appropriate NFPA 1403 signage? If no, explain in 6. Comments. <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
5. Will the construction of the burn building be in compliance with the current edition of Sections I through IV of the Summary of Burn Building Prop Grant Program as included in the VDFP Project Manual for Burn Building Props and the current standard of NFPA 1403? If no, explain in 6. Comments. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
6. Comments (pertaining to Facility) <input type="checkbox"/> None <u>To support the operations of 5 Montgomery County Fire</u> <u>Depts who serve Blacksburg, Christiansburg, VA. Tech</u> <u>& Montgomery County</u>	

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C. Facility Usage		Administration
1. Number of annual burns (must be documented) (for New construction, this figure is projected)	VDFP FFI burns (in compliance with NFPA 1403 standards)	<input type="text"/>
	VDFP FFII burns (in compliance with NFPA 1403 standards)	<input type="text" value="20"/>
	Other Burns (specify types of burns)	<input type="text" value="0"/>
2. Travel to another facility	Distance traveled to closest alternate facility (in miles)	<input type="text" value="35 miles"/>
	Time traveled to closest alternate facility (rounded to whole hours)	<input type="text" value="1"/>
3. Other localities served (list number of stations and number of firefighters served for each locality) (for New construction, this figure is projected) (If more than 5 localities are served, additional localities must be included on Additional Localities Served tab)	Name of Locality	<input type="text"/>
	Number of stations	<input type="text"/>
	Number of Firefighters	<input type="text"/>
	Name of Locality	<input type="text"/>
	Number of stations	<input type="text"/>
	Number of Firefighters	<input type="text"/>
	Name of Locality	<input type="text"/>
	Number of stations	<input type="text"/>
	Number of Firefighters	<input type="text"/>
	Name of Locality	<input type="text"/>
	Number of stations	<input type="text"/>
	Number of Firefighters	<input type="text"/>
TOTAL NUMBER OF STATIONS SERVED (from above and add')		<input type="text"/>
TOTAL NUMBER OF FIREFIGHTERS SERVED (from above and add')		<input type="text"/>
4. Maintenance of facility (for New construction, skip Section C.4. Section E.2. MUST be completed)	Annual Maintenance Inspections (documentation of annual inspections MUST be provided with application for inspections conducted after 12/2007)	<input type="text"/> Yes <input type="text"/> No
	Previous Repair Projects (documentation MUST be provided with application for most recent repairs)	<input type="text"/> Yes <input type="text"/> No

D. Project Description	
1. Level of work proposed (Check <input checked="" type="checkbox"/> only one)	<input checked="" type="checkbox"/> NEW Construction where no such structure previously existed <input type="checkbox"/> RENOVATION of an existing burn building or substantially similar structure <input type="checkbox"/> REPAIR of an existing burn building (up to \$10,000)
2. Type of Building (proposed or existing)	<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Class A fuel <input checked="" type="checkbox"/> Class B fuel </div> <div> <input type="checkbox"/> Prototype I plans (brick, block, concrete) <input checked="" type="checkbox"/> Prototype II plans (steel frame) <input type="checkbox"/> Other* </div> </div> <p><u>2200</u> Square Footage of Building (proposed or existing)</p> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Number of Burn Rooms on 1st floor <input type="checkbox"/> Number of Burn Rooms on 2nd floor </div> </div> <p>For New Construction: *If building plans deviate from Prototype I or II, applicant MUST define building concept and include proposed plans with application.</p> <p>For Renovations or Repairs: *If building plans deviate from Prototype I or II, applicant MUST include copy of existing building plans with proposed renovations/repairs.</p>
3. Architectural and/or Engineering (A/E) (Check <input checked="" type="checkbox"/> only one for each)	<p>Has an A/E study already been completed?</p> <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Applicable </div> <p>If so, is a copy attached to this application?</p> <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable </div>
4. Condemnation and/or fitness for use (Leave [C4] blank if this application is for totally new construction; otherwise Check <input checked="" type="checkbox"/> only one for each statement.)	<p>Is this structure still in use for certification of FFI and FFII at the time of application?</p> <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div> <p>If yes, is there currently a scheduled date to remove the structure from service? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, enter the month & year: _____</p> <p>If not presently in service, has this structure been <u>condemned</u> by a building official or other such entity legally empowered to do so?</p> <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable </div> <p>If yes, is a copy of such order attached to this application?</p> <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable </div>

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E. Financial Plan	An estimated project budget must be attached to this application. For renovation/repair projects, contractor estimates must be attached.		
1. Project Budget (Capital Expend)			
a. Expense			
i. Estimated Cost of Construction (Enter or check <input checked="" type="checkbox"/>)	\$ 427,403	<input type="checkbox"/>	Unknown at time of application
ii. Estimated A/E Costs (Enter or check <input checked="" type="checkbox"/>)	\$ 20,000	<input type="checkbox"/>	Unknown at time of application
iii. Estimated Total Costs (Enter or check <input checked="" type="checkbox"/>)	\$ 447,403	<input type="checkbox"/>	Unknown at time of application
b. Revenue			
i. Grant Funding Being Requested New construction maximum \$430,000	\$ 447,000		
ii. Matching / Cost Share Funds	\$ 150,000 Lmd purchase/Utilities		
iii. Source of Matching Funds (local contributions, donations, etc.)	Local/Donations		
2. Operating Budget (Maint. Expend)			
a. Is there a financial agreement among partnering localities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Not Applicable
b. Is there a local budget for annual maintenance costs?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	}
c. Is there a local budget for annual inspection costs?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
d. Is there a local budget for 5-year inspection costs?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	

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F. Additional Parties of Interest (Mark N/A and skip section [D] if not applicable - see [A.8])	Identify hereunder ALL jurisdictions (Not their Departments) otherwise participating in the proposed project. Attach additional sheets as may be required.
1. NON-Applicability	<input type="checkbox"/> No parties other than the jurisdiction identified in [A] above.
2. Formal Agreement Among Parties	Is there a formal agreement among parties with regard to the proposed project ? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, is a copy attached to this application? <input type="checkbox"/> Yes <input type="checkbox"/> No Is there a formal agreement among parties with regard to the shared use of the facility ? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, is a copy attached to this application? <input type="checkbox"/> Yes <input type="checkbox"/> No

(Reproduce and complete as many additional blocs as may be necessary for complete disclosure.)

2a. Complete one each for ALL other Parties of Interest	Number <input type="text"/> of a total of <input type="text"/> parties to proposed project (Count the LEAD Locality as #1, thereby start with #2.)
2b. Title of Jurisdiction (Check <input checked="" type="checkbox"/> only one, then make entry)	County of <input type="text"/> City of <input type="text"/> Incorporated Town of <input type="text"/>
2c. Employer Identification Number (EIN)	<input type="text"/>
2d. Principal Point of Contact	(Include salutation, name & title.) <input type="text"/>
2e. Mailing Address Identify COUNTY if appropriate →	(Include zip code+4) <input type="text"/>
2f. Telephone Number	() <input type="text"/>
2g. FAX Number	() <input type="text"/>
2h. Internet e-mail address	<input type="text"/>

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**G. Electronic Transfer
of Funds Information**

Note: The completion of this section is optional at the time of application and will not hinder determination of eligibility, etc. However, if not provided and since funds will only be transferred electronically, disbursement will be delayed until this information is properly provided.

1. Account Ownership Information
Employer Identification Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

SSN may NOT be substituted.

Complete next three (3) entries ONLY if Name is different than ACCOUNT TITLE as it appears in [E2].

(Last, First, Initials)

NAME

(Telephone Number)

MAIN

(Telephone Number)

ALTERNATE

2. Direct Deposit Account Information
(Check ☒ one Type of Account)

☒ Checking

☐ Savings

(9 digits)

ROUTING TRANSIT NUMBER

ACCOUNT NUMBER

ACCOUNT TITLE

FINANCIAL INSTITUTION

Department of Fire Programs

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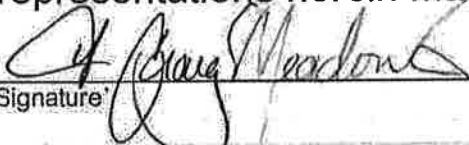
Note - This section of the application MUST be properly executed for the application to be complete. Certification may be completed by:

- City Manager /or/ Deputy
- County Administrator /or/ Deputy
- Town Manager /or/ Mayor
- Or other duly authorized official but only when the application is accompanied by a copy of an 'Ordinance' or other formal instrument clearly granting that party such authority.

Only completed applications can be acted upon.

CERTIFICATION

This application is made on behalf of the jurisdiction above described [A] with the full knowledge and belief that all representations herein made are true and correct.


Signature

12/30/13
Date

F. CRAIG MEADOWS
Printed Name

COUNTY ADMINISTRATOR
Title

(All applications must be notarized to be considered - incomplete forms shall be returned.)

State of Virginia }

City / County of Montgomery }

On this 30 day of December (month) in 2013 (year), before me, the undersigned a Notary Public for the Commonwealth of Virginia, personally appeared F. Craig Meadows to me known (or to me proved) to be the identical person named herein and having in my presence executed the above, and acknowledged that he executed same as his voluntary act and deed.

My Commission expires:

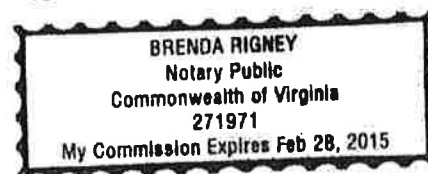
2-28-2015
Date


Notary Public

{Seal}

Department of Fire Programs

JAN 02 2013



September 19, 2013

Virginia Department of Fire Programs
1005 Technology Park Drive
Glen Allen, VA 23059-4500

To whom it may concern:

Be advised at the regularly scheduled monthly meeting of the Montgomery County Fire and Rescue Commission the members voted unanimously to support the efforts of the Blacksburg Volunteer Fire Department in applying for a "Burn Building" Grant.

The facility is slated to serve the five fire departments within Montgomery County as well as contiguous jurisdictions. The facility would also host Rescue Squad training activities on site for the six rescue squads in the county.

The property for the "Burn Facility" is owned by the Blacksburg Volunteer Fire Department Foundation and ongoing improvements to the property and existing structures makes the ideal location for a countywide training center. Blacksburg Volunteer Fire Department will retain ownership of the property and as such will continue on-going maintenance to the facility with support for all member agencies.

The addition of an approved burn facility would continue to enhance the usage of the overall facility and reduce travel time and distances currently necessary to receive the approved training required by DFP. The burn facility will be constructed as prescribed by DFP and all standards will be mandated by all users of the facility.

Given under my hand,



Steve Shelor, Vice Chair
Montgomery County Fire and Rescue Commission

Department of Fire Programs

JAN 02 2013

Administration

20-Year
Lease
between
VFD + County

To whom it may concern:

The Montgomery County Fire and Rescue Association fully supports the efforts of the Blacksburg Volunteer Fire Department in their efforts to secure grant funding for a burn building. The facility would be built on the property owned by the Blacksburg Fire Department and would be available for use to the five Fire Department and six rescue squads in the county.

This facility would be maintained by the Fire Department and Montgomery County. Access would be monitored and supervised by selected personnel and adherence to safety standards will be paramount. This facility will also have a Department of Forestry "Dry Hydrant" for training, a training classroom seating for up to 50 personnel, and multiple free-standing training aids.

Sincerely yours,

Handwritten signature of Kelly Walters in cursive script.

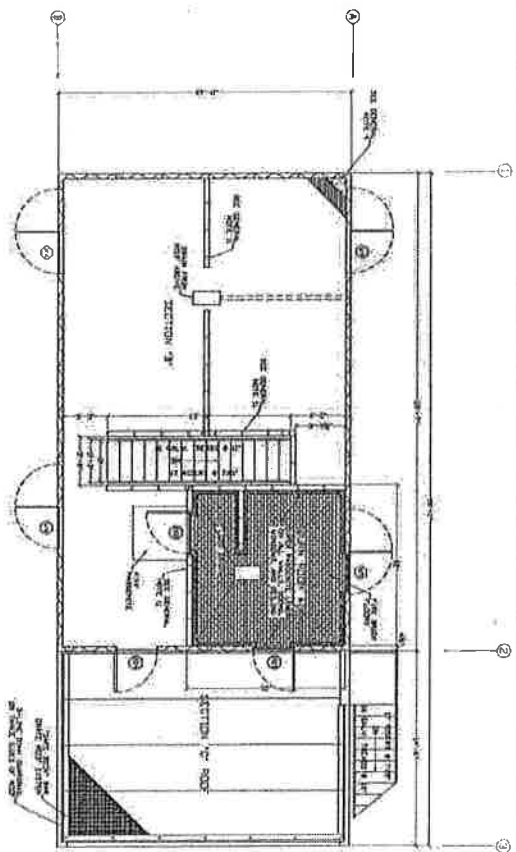
Kelly Walters, President

Department of Fire Programs

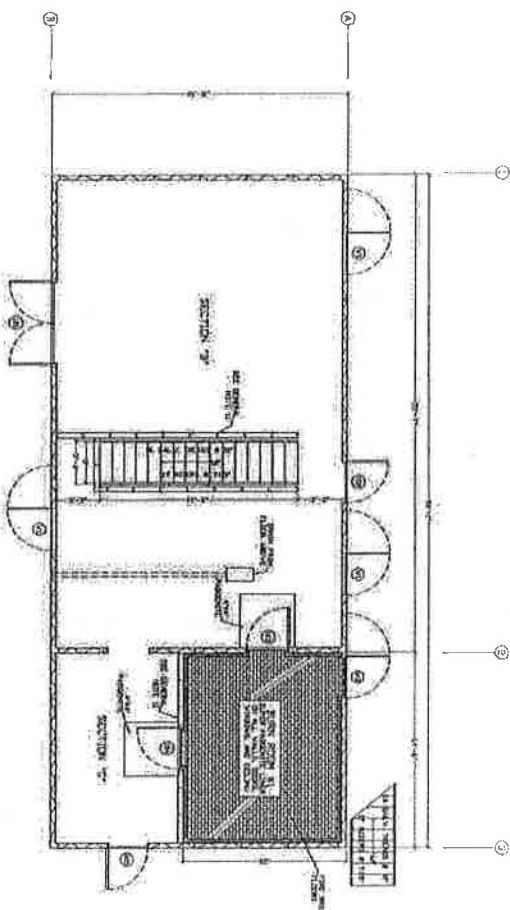
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CONCEPTUAL FOUNDATION LAYOUT



TOWER AND RESIDENTIAL 2ND FLOOR PLAN AND ANNEX ROOFTOP PLAN



TOWER, RESIDENTIAL, AND ANNEX 1ST FLOOR PLAN

VIRGINIA STEEL SIMULATOR

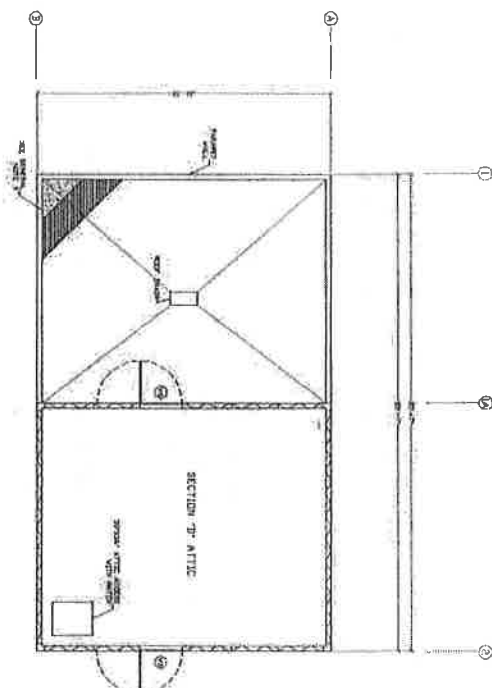
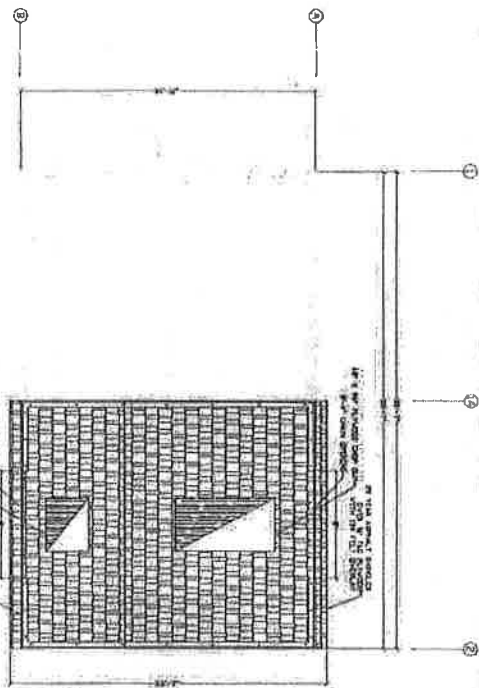
CHILHOWE, VA

PROJECT NUMBER	DATE	REVISION
100-000	10/1/00	1
100-000	10/1/00	2
100-000	10/1/00	3
100-000	10/1/00	4
100-000	10/1/00	5

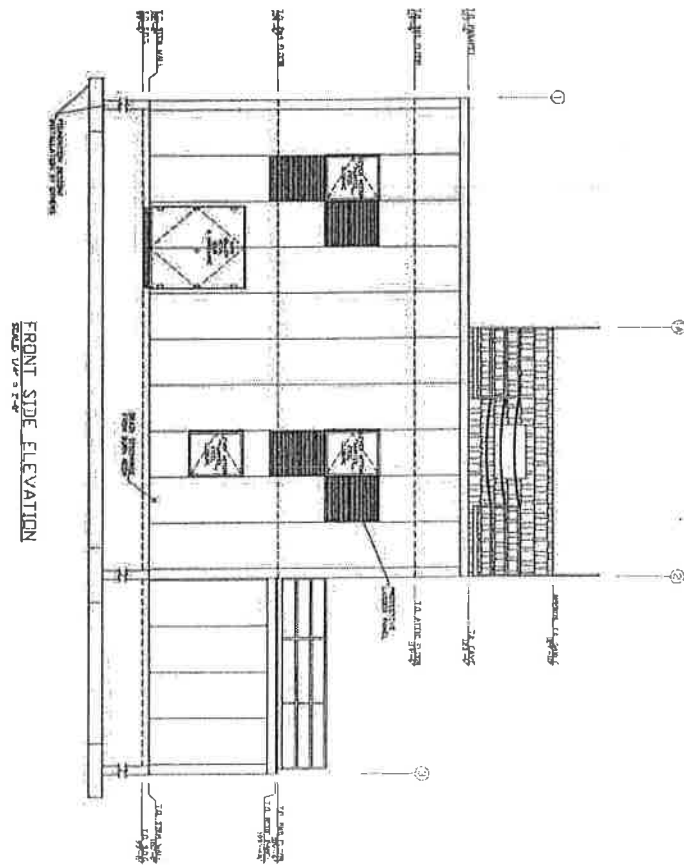
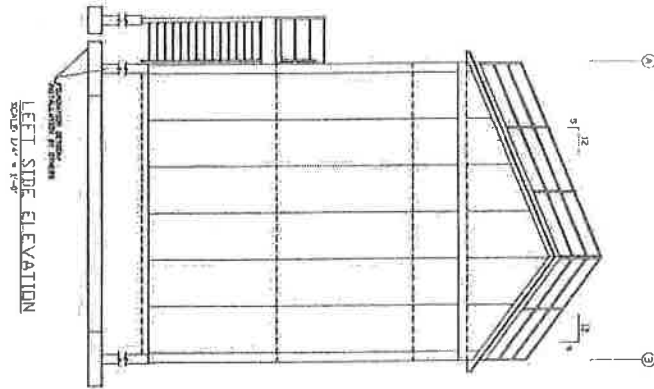
1ST AND 2ND FLOOR PLANS

PROJECT NUMBER	DATE	REVISION
100-000	10/1/00	1
100-000	10/1/00	2
100-000	10/1/00	3
100-000	10/1/00	4
100-000	10/1/00	5

1ST AND 2ND FLOOR PLANS



TOWER 3RD FLOOR PLAN AND RESIDENTIAL ATTIC PLAN
SCALE 1/4" = 1'-0"

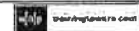


VIRGINIA STEEL SIMULATOR

CHILHOWE, VA

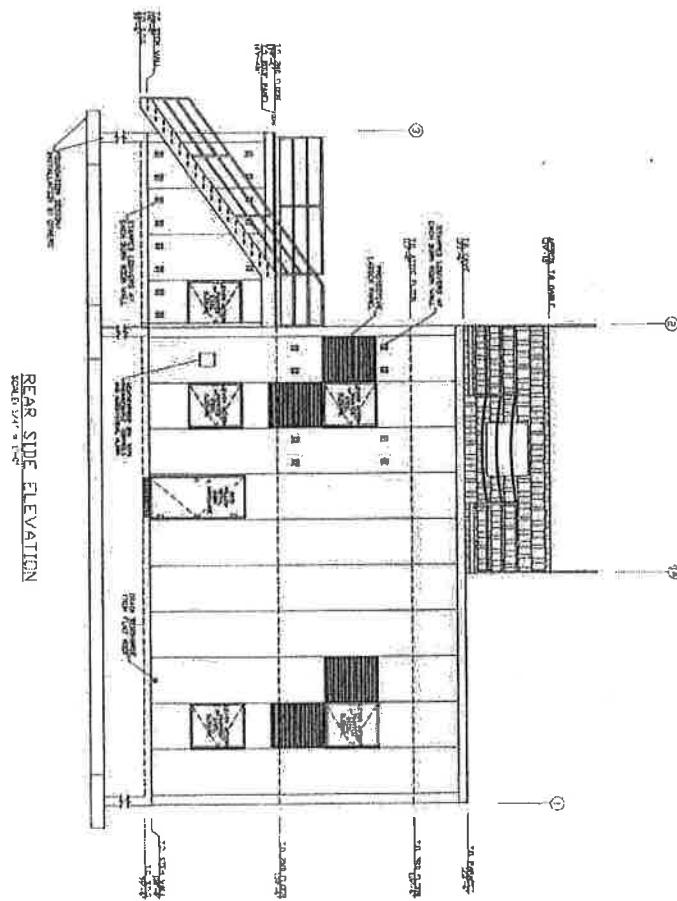
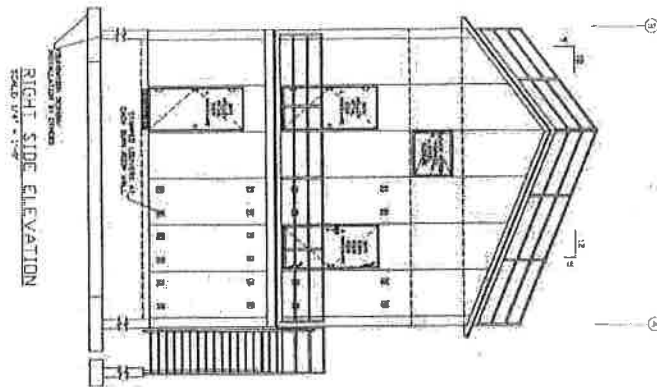
PROJECT NUMBER	DATE	REVISION
001-001	01/01/00	
001-002	01/01/00	
001-003	01/01/00	
001-004	01/01/00	
001-005	01/01/00	
001-006	01/01/00	
001-007	01/01/00	
001-008	01/01/00	
001-009	01/01/00	
001-010	01/01/00	

FRONT SIDE
AND LEFT SIDE
ELEVATIONS



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VIRGINIA STEEL SIMULATOR

CHILHOWIE, VA

PROJECT NUMBER	DATE
1011-0000	01/01/00
1011-0001	02/01/00
1011-0002	03/01/00
1011-0003	04/01/00
1011-0004	05/01/00
1011-0005	06/01/00
1011-0006	07/01/00
1011-0007	08/01/00
1011-0008	09/01/00
1011-0009	10/01/00
1011-0010	11/01/00
1011-0011	12/01/00

REAR SIDE
AND RIGHT SIDE
ELEVATIONS



A DIV. OF JSC, INC.

1011-0000 - CHILHOWIE, VA 24615
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